

# SELF CARE ABILITIES OF MODERATE MENTALLY CHALLENGED CHILDREN AND PARENTS INVOLVEMENT IN THEIR CARE

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## *Abstract:*

A study to assess the self care abilities of moderate mentally retarded children and parents involvement in their care.

*Method:* Descriptive approach using Non Experimental (Descriptive) design. Sample size was 30 moderate mentally challenged children in the age group of 6 – 12 years with IQ 35-50 and their parents using Non-Probability Purposive Sampling.

*Result:* 53.3% of children had average (score 33-64) self care ability, 56.7% of the mothers had good (score 13-18) involvement in child care, 7.1% of the fathers had good (score 13-18) involvement in child care.

## *Introduction:*

*'Children are the world's most valuable recourse and its best hope for the future.'* John Fitzgerald Kennedy.

The health of the nation depends on the children which is an index of the society. When children enjoy a state of well being



in every true sense, then only harmony, stability, peace, and happiness prevail in any family, community, thus building a strong nation. Mental retardation is a serious problem. It causes various disturbances in their family members. World Health Assembly recognized Mental retardation is a worldwide problem in 1975, it said that methods "are already available" for preventing some of it "especially in children". Researchers have noted that birth of a retarded child shatters the hopes and aspirations of the parents leading to hopelessness and negative attitude towards the child. *Ramaswamy, 1995.*

The mentally challenged children account for 2-3 % of the general population. 75-90% of the affected people have mild retardation.

*All India Institute of Medical Sciences, 2003.*

## *Problem statement:*

'A study to assess the self care abilities of moderate mentally retarded children and parents involvement in their care in selected areas of Pune.'



### *Objectives of the study:*

1. To assess the self care abilities of moderate mentally challenged children.
2. To assess the parent's involvement in the care of their moderate mentally challenged children.
3. To find association between self care abilities of mentally challenged children and their demographic variables.
4. To find association between parents involvement in care of mentally challenged children and their selected demographic variable.
5. To find association between the self care abilities of mentally challenged children and parents involvement in their care.

### *Review of literature:*

In a house to house survey of mentally retarded in a sample of 3827 in Maharashtra, it was found that the prevalence rate of mental retardation was 4.4/1000 in total population and 10.4 among children below 14 years of age. Male to female ratio was 5:3, 77% belonged to low socio economic status. 18% had proved genetic disease, 25% were due to environmental inuts. 30% of them were educable, and 45% trainable. *Satapathy and Ghosh, 2001*

The birth of a retarded child shatters the hope and aspirations, leading to hopelessness and negative attitude towards the child. This negative attitude can be a function of the degree of retardation, problem behavior, burden on the family, etc. *Rangaswami, 1995.*

### *Methodology:*

*Research approach:* quantitative descriptive research approach

*Research design:* Non Experimental (Descriptive) Design

*Setting of the study:* The proposed study was undertaken in at selected areas of Pune city namely, Kothrud, Rasta Peth, Laxmi road.

*Population:* The target population for the present study includes the moderate mentally challenged children all over Maharashtra state and the accessible population for the present study includes the the moderate mentally challenged children in Pune.

*Sampling technique:* Non- Probability Purposive Sampling Technique

*Sample size:* The sample size selected for this study was 30 moderate mentally challenged children and their 58 parents.

*Inclusion criteria:*

1. Mentally challenged children with IQ 35-50.
2. Children in the age group of 6-12 years.
3. Parents of these children who are willing to participate in the study.
4. Parents who are staying with the mentally challenged child for at least 5 years.
5. Parents who can understand and speak English or Marathi.

*Exclusion criteria:*

1. Parents who are health professionals.
2. Mentally challenged children with any medical disorder or abnormality.

### *Description of the tool:*

The tool used in this study is a use of 4 point likert scale. Study instruments used by the researcher consisted of:

Consent form and Semi structured questionnaire, which has following sections

*Annexure A:* Deals with the demographic data of moderate mentally challenged children in the age group of 6 – 12 years and their parents.

*Annexure B:* Semi-structured questionnaire to assess the self care abilities of moderate mentally challenged children divided into 5 categories i.e. toileting, brushing, bathing, dressing and grooming and eating.

*Annexure C:* Semi-structured questionnaire to assess the parent's involvement in the care of their moderate mentally challenged children.

*Validity:* The tool was given to a total 17 experts from various departments.

*Reliability:* Reliability analysis was done using split half method. The reliability score was 0.996 for the questionnaires to assess the self care abilities of mentally challenged children and 0.857 for the questionnaires to assess the parent's involvement in care of their mentally challenged children which shows that the tool is reliable. The reliability was calculated using Cronbach's  $\alpha$  (alpha).

*Pilot study:* Pilot study showed that it was feasible to conduct final study with the present tool.

*Data collection method:* The investigator visited various mentally challenged children and introduced self and nature of the study. Subjects were assured about the confidentiality

of the data. The necessary information was collected by interview technique using semi structured questionnaire.

### *Results:*

#### *Demographic data*

- 14 (46.7%) of the children were from age group 10-12 years.
- 15(50%) of the children were males and another 15(50%) of them were females.
- 11(36.7%) of the mothers were from age group 30-35 years.
- 28(93.3%) of the mothers were married and 2(6.7%) of them were divorced
- 10(33.3%) of the mothers had secondary education.
- (40%) of the mothers had monthly family income Rs. 5000-10000.
- 16(53.3%) of the mothers were from nuclear family,
- 11(39.3%) of the fathers were from age group 35-40 years
- 11(39.3%) of the fathers had secondary education.
- 13(46.4%) of the fathers were private sector employees

#### *Self care abilities of moderate mentally challenged children.*

- 53.3% of children had average (score 33-64) self care ability,
- 20% of the children had good (score 65-96) self care ability
- 26.7% of the children had poor (score 0-32) self care ability.

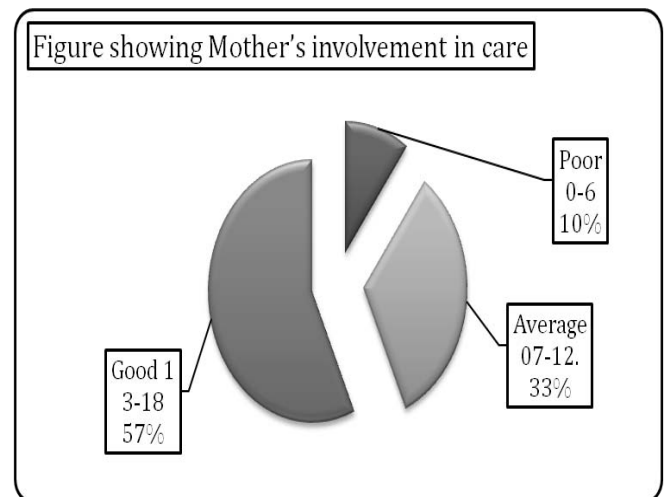
Table showing Frequency distribution and percentage of overall self care abilities of moderate mentally challenged children

Overall self care abilities of moderate mentally challenged children	Range	Frequency	Percentage
Poor	0 - 32	8	26.7%
Average	33 - 64	16	53.3%
Good	65 - 96	6	20.0%
Total		30	100%



Table showing Frequency distribution and percentage of score of the questions on mother's involvement in care of their mentally challenged children.

Mother's involvement in care	Range	Frequency	Percentage
Poor	0-6	3	10.0%
Average	7-12	10	33.3%
Good	13-18	17	56.7
Total		30	100%



*Parent's involvement in the care of their moderate mentally challenged children.*

**Mothers' Involvement.**



- 56.7% of the mothers had good (score 13-18) involvement in child care,
- 33.3% of mothers had average (score 7-12) involvement in child care.
- 10% of the mothers had poor (score 0-6) involvement in child care.

**Fathers' Involvement**



- 7.1% of the fathers had good (score 13-18) involvement in child care,
- 53.6% of fathers had average (score 7-12) involvement in child care.
- 39.3% of the fathers had poor (score 0-6) involvement in child care.

Table showing Frequency distribution and percentage of score of the questions on father's involvement in care of their mentally challenged children.

Father's involvement in care	Range	Frequency	Percentage
Poor	0-6	11	39.3%
Average	7-12	15	53.6%
Good	13-18	2	7.1%
Total		30	100%

*The association between self care abilities of moderate mentally challenged children and parents' involvement in their care*

This was assessed by using Fisher's exact test. The result showed that mothers' involvement in child care has statistically significant association with Toileting, brushing and bathing abilities of moderate mentally challenged children.

*The association between self care abilities of moderate mentally challenged children and demographic variables*

This was assessed by using ANOVA. The result showed that none of the demographic variables is found to have statistically significant association with self care abilities of moderate mentally challenged children.

The association between parents' involvement in care of moderate mentally challenged children and demographic variables of parents was assessed by using ANOVA. The result showed that father's involvement in care of child is statistically significantly associated with father's occupation and marginally associated with Number of years of stay with child.

*References:*

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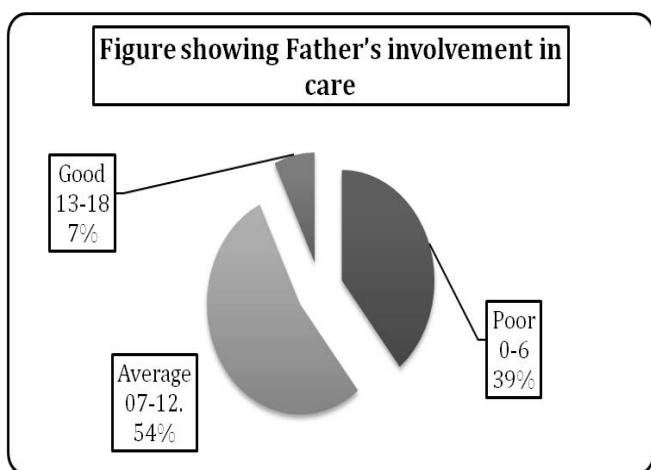
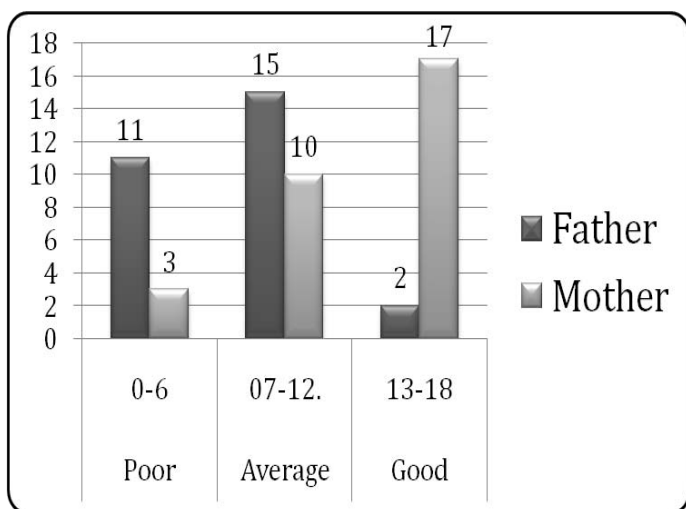


Figure showing Comparison of Fathers' Involvement Vs Mothers' Involvement



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#### Grades of Mental Retardation

Class	IQ
Profound mental retardation	Below 20
Severe mental retardation	20-34
Moderate mental retardation	35-49
Mild mental retardation	50-69
Borderline intellectual functioning	70-80

#### Health Education to parents

- Encourage parents to talk about report.
- Listen patiently with supportive attitude.
- Encourage mother to clarify doubt at each stage of development.
- Guide family through decision making related to issue whether to keep child at home or they will allow connective surgeries for some deficiencies.
- Explain parents to give one activity at a time like taking out water with mug from 1 bucket till gets empty and encourage repeating.
- Allow child to attend group activities.
- Help child learn behaviors, which is accepted in-group such as not throwing objects here and there.
- Be quiet when guest have home.
- Put bed near window to visualize Variety of thing.
- Use bright colors and name them repeatedly.
- Bring certain foods, flowers, and scents near nose.
- Show a picture of dog repeatedly and show the real dog and say dog.
- Rehabilitate child by allowing them to do small activities at home.
- Help parents to send child at day care centers or half way homes.
- Put child in a sheltered workshop where he can be surprised.